

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

	I LEASE I KINT			RECEIVED
I. Name of Lobbyist	(s) Elizabeth Imho	olz		JUL 2 5 2018
II. Name of lobbyist				
Tr. Ivallie of loboyist	NEW HAMPSHIRE DEPARTMENT OF STATE			
(Na	ame of partnership, firm	n or corporation)		
1535 Mission Stre	et	San Francisco	CA	94103
Business Address: (S	Street)	(Town/City)	(State)	(Zip Code)
() (415) 431-67 (Telephone)	47 () (415) 431-0906 (Fax	e-mail levyje@	Oconsumer.org
(Telephone)		(Fax	()	
reportable expense	transactions which	are not attributable		nay file a separate report for the following client:
Consumer R		p	gg	g
Consumer is		nt as it appears on the L	obbyist Registration Form)	
OR	(run Name of Che	in as it appears on the L	obbyist Registration Form)	
unrelated to any parti	icular client. April 25, 2018 [July 25, 2018 🛚 🛣	ng firm listed below which are
Reports cover: acti	ivity from date of regis		activity from 4/1/18 to 6/30/.	
	October 31, 201 activity from 7/1/18		January 30, 2019 activity from 10/1/18 to 12/3	
	, complete just this f		e transactions made since the Secretary of State's Office,	
VI. Check if additio	nal reports are atta	iched:		
If you have recei	ived fees or made ex	penditures, you must	file Addendum A- Fees and	Expenses
☐ If you have paid Expense Reimbursen		imbursed expenses, y	ou must file Addendum B- F	Report of Honorariums or
☐ If you, your firm	, or your family has	made political contrib	butions, you must file Addend	Ium C- Political Contributions
Sworn Statement/A I have read RSA 15, and complete to the b	RSA 15-B, RSA 14-	C and RSA 664 and I	hereby swear or affirm that the	e foregoing information is true
(1m			07-23-18	
(Signature of lobbyi	st)		([Pate)
Elizabeth Imholz				
(Print Name of lobb	yist)			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

RECEIVED

1. Name of Lobbyist(s) Elizabeth Imholz		JOE 5.3 5019
II. Name of lobbyist's partnership, firm or corporation, if any:		NEW HAMPSHIRE DEPARTMENT OF STATE
(Name of partnership, firm or corporation)		
III. Name of Client Consumer Reports, Inc.	Date	3-18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or pu oss fee amount	iblic relations services reported shall not be
a) Total of all fees received in this reporting period	a) \$	
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0.00</u> ear)	
c) Total of all fees received to date (Add lines a and b)	c) \$	
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if exp may be filed for aggregate total epenses; (b) the e: meals purchases than \$10 that d with a value rring period of the of greater than expense reimb	renditures are made by or the lobbyist(s)/firm. It of all expenses paid aggregate total of all ased during a business is given to the person of \$25.00 or less); and greater than \$25.00 for an \$25, purchase of a tot greater than \$50, pursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$178.05	

0.00

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	
Cfm-2	07-23-18
(Signature of lobbyist) Elizabeth Imholz	(Date)
(Print Name of lobbyist)	
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